# Children's Services in Sunderland

## Integrated Working Practice Toolkit

Sunderland
Children's Trust

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How to use this document.
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# Introduction

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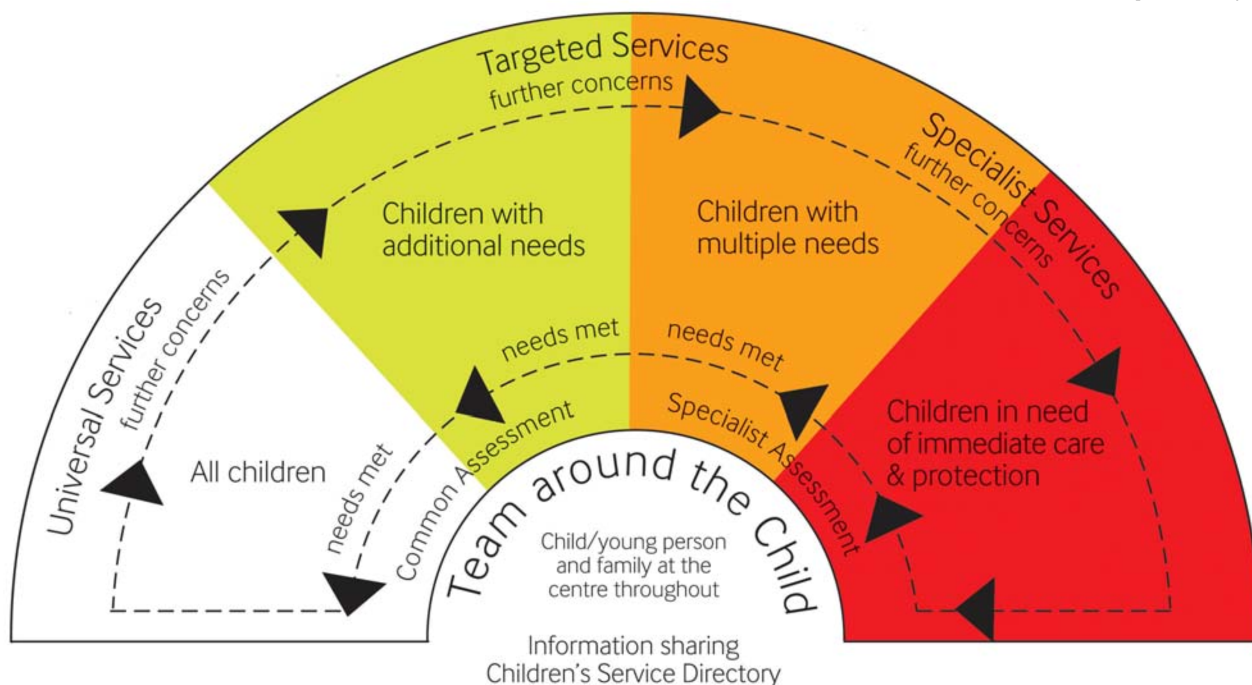
# 1. Practice Process and Procedure

The Continuum of Needs




**Continuum of Needs**
**(commonly known as The Windscreen)**

We use a continuum of needs known as "The Windscreen" model to show how a child's needs may move backwards and forwards through universal, additional, multiple and in need of immediate care and protection.

## Universal Services

Universal services are those services which are available to all children, young people and their families. Most children achieve the five outcomes set out in Every Child Matters through the care of their families and the support of a range of universally provided services, for example schools, primary health care and leisure facilities. However, early identification of children with additional needs is critical in making sure targeted services can intervene early. If ignored, these issues could develop and lead to poorer life chances or the need for more intrusive interventions.

Intervention is most likely to be successful if it:

- Is child centred and non-stigmatising
- Involves and empowers the family
- Is provided within the community, with a good understanding of what support and facilities are available e.g. certain school based staff
- Can be provided straightaway and not after a long wait for an appointment

## Children with additional needs

A child or young person identified as having additional needs can be defined as needing some additional support without which they would be at risk of not reaching their full potential. The additional support may relate to health, social or educational issues. They may have difficulty making a transition from primary to secondary school, their development may be delayed, they may break the law or have emotional difficulties. Other needs may arise because of their own development, family circumstances or environmental factors.

## Children with multiple needs

A child or young person whose needs are not fully met due to the range, depth or significance of their needs and whose life chances will be jeopardised without remedial intervention/support. These children will require a more co-ordinated multi-agency response, within or between agencies. A **lead practitioner** would be identified to coordinate intervention and complete the CAF process, including a team around the child meeting or discussion.

## Children in need and those at risk of harm and potential harm

A child or young person with complex needs who will be subjected to specialist assessment and will include children who are:

- Children identified as being 'in need' under S17 of the Children Act
- Looked After Children

**Concerns that a child or young person is in need or at risk of significant harm must be referred directly to the Initial Response Team, Safeguarding in accordance with LSCB Child Protection Procedures.**

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# 2. A Quick Guide to….. Common Assessment

**What?** A framework for helping practitioners assess children's additional needs earlier and more effectively, develop a common understanding of those needs and agree a process of working together to meet those needs

**When?** Needs are not clear or are not being met. CAF may be appropriate to be used before or in conjunction with specialist assessments to help practitioners understand and articulate the full range of needs

**Who?** Potentially anyone working with children and young people but most likely those from universal or preventative services (who have been trained)

**How?** There is a standard form for recording information. There is also a common process, which includes four key steps: identification of need; preparation; discussion and delivery

## How will it help?

When you're concerned about a baby, child, or young person, it's not always easy to know what to do. You may not be sure what the problem is. Even if you're reasonably sure, your service may not be able to help. You may not feel confident that you can get other services to help.

Common assessment can help you identify what the needs are, when you're not sure use the Continuum of needs to help you make your decision. It provides a structure for recording information that you pick up in conversation with the child, young person or family. It can also help you in getting other services to help, because they will recognise that your concern is based on some evidence, not just your assumption. Other services in your area will be using the common assessment themselves.

You don't have to be an expert to do a common assessment. Nor do you have to fill in all the boxes. The key thing is to record what information you do have. Others will be able to add more later if a specialist assessment is needed.

## Why the common assessment is being introduced

We all want better lives for children. Most children do well. Some don't, but don't get help until things are really bad. We want to identify such children earlier and help them earlier before things reach crisis point. The most important way of doing this is if every person whose job involves working with children keeps an eye out for their general well-being, and is prepared to help if some thing is going wrong.

The common assessment is one way to help people to do this. It is a tool to identify unmet needs. It covers all needs, not just the needs that individual services are most interested in.

The CAF consists of:

- Simple pre-assessment checklist to help practitioners identify children who would benefit from a common assessment. The checklist can be used on its own or alongside specialist universal assessments, such as those done by midwives and health visitors.
- A process for undertaking a common assessment, to help practitioners gather and understand information about the needs and strengths of the child, based on discussions with the child, their family and other practitioners as appropriate.

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- Standard forms to help practitioners record, and, where appropriate, share with others, the findings from the assessment in terms that are helpful in working with the family to find a response to unmet needs.
- A process for implementing a Team Around the Child (TAC)

## When to do a common assessment

You can do a common assessment at any time. A common assessment can be done on unborn babies, children or young people. It is designed for when:

- You are concerned about how well a child (or unborn baby) or young person is progressing. You might be concerned about their health, welfare, behaviour, progress in learning or any other aspect of their well-being;
- The needs are unclear, or broader than your service can address;
- A common assessment would help identify the needs, and/or get other services to help meet them.

There is an easy-to-use checklist – the Pre-CAF check list – to help you decide whether a common assessment should be completed. The checklist is designed to be used alongside existing assessments or routine checkups of a child, for example as part of ante- or post-natal care or in an early years setting.

Whether to do the assessment is a decision you should make jointly with the child and/or parent. If the child is old enough to understand, and competent enough to make their own decisions, they should be the one to decide with you. Always encourage them to discuss things with their parents.

## When not to do a common assessment

There is no need to do a common assessment for every child you work with. Children who are progressing well, or have needs that are already being met, do not need one.

You don't need to do a common assessment where you have identified the needs and your service can meet them, or you know how to get the required help from another service, using established procedures.

If you think the child is a child in need, which includes being at risk of significant harm, you should follow established Sunderland Safeguarding Children Board procedures immediately. Common assessment doesn't mean these procedures aren't followed.

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# A Quick Guide to ……….
# The Team Around the Child (TAC)

The Team Around the Child model has been developed in response to the need for joined up services and the need to provide a more integrated approach within existing resources. The aim is to reduce duplication and support a common service delivery approach which continues from the CAF process. A TAC aims to plan actions around the child's identified unmet needs through an agreed written TAC plan. The actions can be agreed in a variety of means.

Practitioners may be involved in the TAC in a number of ways, e.g.:

- as Lead Practitioner having completed the CAF
- as a practitioner involved with the family
- for information, consultation and advice
- delivery of services

The Team Around the Child brings together relevant practitioners with the family to address the child or young person's needs. The team works together to plan co-ordinated support from agencies to address problems in an holistic way. It can be an evolving team of practitioners who see the child/young person and family to provide support and who will work with the child/young person and family as appropriate.

Parents should have an active role in the TAC and their contribution should be recognised as they have a central role in meeting the needs of the child. Some parents may need to be supported to achieve this due to their own unmet needs.

Practitioners involved in the TAC must consider solutions, which should include family strengths and universal children's services, as well as statutory services (use service directory as appropriate).

It is important to be creative to find needs-led solutions.

The function of the TAC includes:

- reviewing and agreeing information shared through CAF
- planning and agreeing actions with timescales
- identifying solutions, allocating tasks and appropriate resources
- agreeing Lead Practitioner
- monitoring and reviewing outcomes with timescales
- reporting, as required, to other review meetings or resource panels
- identifying gaps and informing planning and commissioning

The membership of the TAC will inevitably change as the needs of the child and family change. The TAC operates as a supportive team, rather than just a group of practitioners and parents. In this way there is direct benefit to parents who have new opportunities to discuss their child and family with key practitioners all in one place and to practitioners who might otherwise feel isolated and unsupported in their work with the child and family.

What is important about the TAC process is that there is always a Lead Practitioner and an agreed plan of involvement. It is paramount that the parent/carer and child/young person can relate to the practitioners involved. **The TAC does not always have to plan and review through meetings as long as the information sharing process is followed.**

The ideal TAC:



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- is encouraging, positive and supportive to all members
- provides members with an equal voice
- arrives at a collective agreement
- acknowledges differences of views and negotiates workable solutions
- Reviews and tracks outcomes for the child/young person

The role of the Lead Practitioner with the TAC includes:

- chairing family friendly TAC meetings/discussions
- distributing a copy of the TAC plan after each meeting
- reviewing and tracking outcomes for the child/young person
- generally supporting the child/family through the process

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# A Quick Guide to …….
# The Lead Practitioner

The role of the Lead Practitioner is to co¬ordinate actions and services and track and share information. The Lead Practitioner will be decided at the initial TAC meeting and will take account of the child, young person or family's views.

The Lead Practitioner will be the practitioner with the most relevant skills and experience and has a responsibility to ensure that services are co-ordinated.

Responsibility for meeting the child and young person's needs rests with the whole team, with the Lead Practitioner having a co¬ordinating and tracking role. Where parents or young people do not consent to information being shared or to the process, this is factored into the assessment so that the most relevant way forward for all concerned can be taken.

The Lead Practitioner works directly with the family to build a trusting relationship and acts as the key link between the family and other professionals.

Becoming the Lead Practitioner does not imply the person does all the work and is singly accountable. It means they will ensure the TAC is working together efficiently and track the child's progress.

It is vital that all members of the TAC recognise they continue to be accountable for the child's welfare.

Until now many professionals have expected to pass on referrals to other agencies once they have identified a child's needs. For teams around children to work the Lead Practitioner plays an important role in making sure that the child's needs continue to be met, particularly when handing over to a new Lead Practitioner.

## Key Functions of the Lead Practitioner

The Lead Practitioner, in taking a lead role, will:

- Act as a single point of contact for the child, young person and/or their family, who they can trust and who can engage them in making choices, navigating their way through the system and effecting change.
- Co-ordinate the delivery of the actions agreed by the practitioners involved to ensure that children/young people and families receive an effective service which is regularly reviewed. These actions will be based on the outcome of the assessment and recorded in a TAC plan.
- Reduce overlap and inconsistency in the services received.

To carry out the role effectively, it is likely that a Lead Practitioner will perform a number of key functions including:

- building a positive working relationship with the child or young person and family to secure their engagement and involvement in the process;
- by providing the child, young person or family with sufficient information to empower them to contribute to the decision making process and ensure they remain central to any decisions taken;
- using the outcome of the assessment of the child, young person or family (usually this will be via the CAF but could include other more specialist assessments) to:

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  - identify where additional services and other practitioners may need to be involved in supporting the child, young person or family and convene a TAC;
  - agree a 'needs led' package of support, the practitioners to deliver it, the timescales to achieve outcomes and review and monitor this through the TAC process.
  - involve the child, young person and family in the development of the TAC plan.
- ensuring that progress is monitored, taking into account:
  - the changing circumstances and needs of the child, young person or family over time
  - progress made
  - the child, young person or family's experience of or satisfaction with services/support received
  - the views of other practitioners on the effectiveness of support
  - whether support or services should be changed and whether more specialist support may be required, or whether the child or young person's needs have been met and they no longer require additional support
  - gaps in services which must be reported to the CAF Co-ordinator;
- ensuring that where children, young people and their families may require more specialist services:
  - the Lead Practitioner may continue to support them with a TAC while any more specialist assessments are carried out
  - an effective 'handover' takes place when a new Lead Practitioner is identified to deliver and co-ordinate the ensuing support

A Lead Practitioner should have access to professional supervision and/or line management from their own agency and, where appropriate, additional training to enable them to make appropriate decisions.

**For more information please visit: http://www.everychildmatters.gov.uk/leadprofessional**

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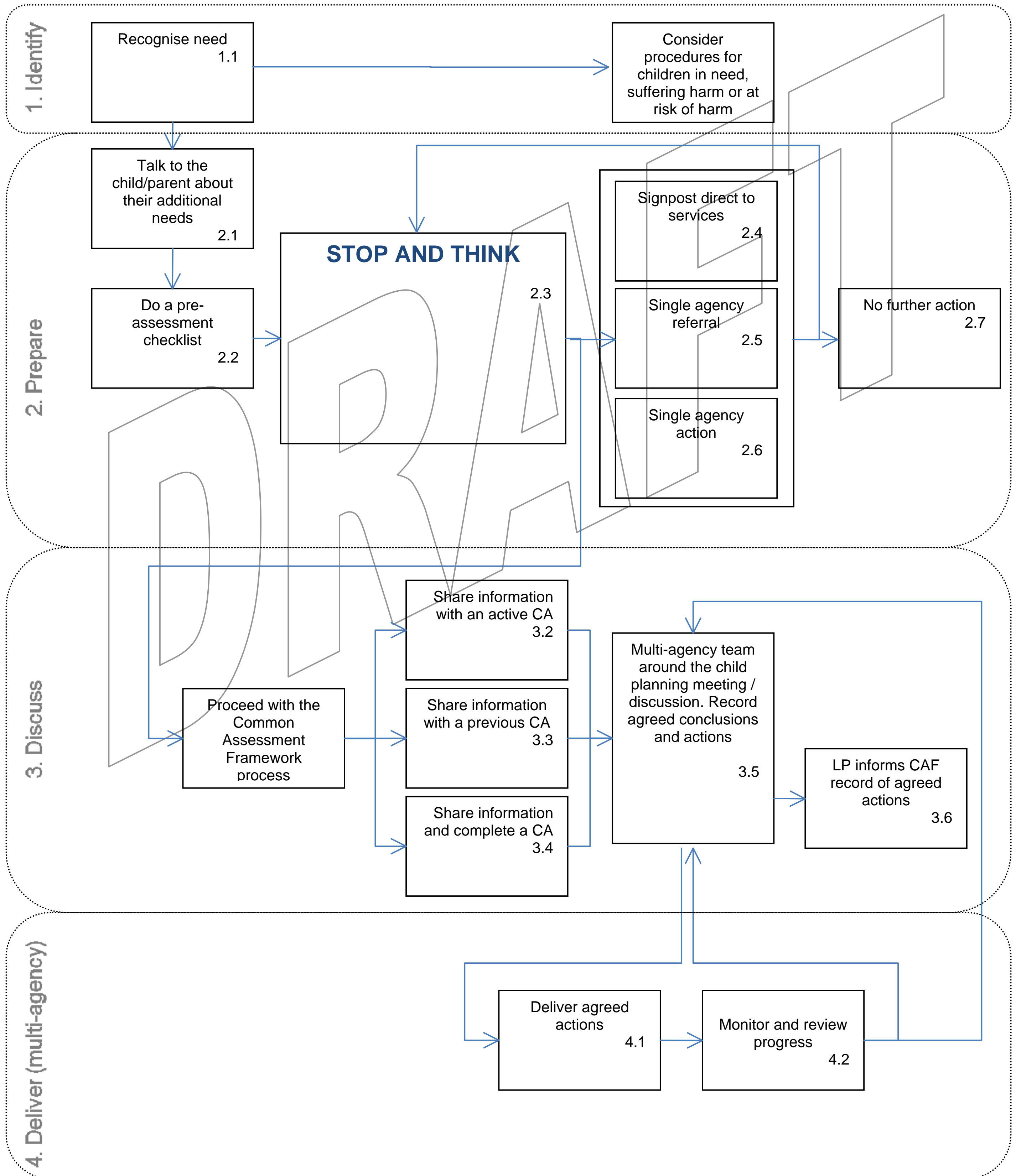
# 3. How to use the Common Assessment in practice



## 1.1
## RECOGNISE NEED

When you have recognised need(s) you should refer to the Threshold Definitions and Guidance, to help you determine the level of the need(s) that you have identified.

If you think a child is in need, or is suffering harm or is at risk of harm, then you should

1.2
Consider procedures for children in need, suffering harm or at risk of harm

If you do not think a child is in need, at risk of harm and/or potential harm, then you should

2.1
Talk to the child/parent about their additional needs

## 1.2
## CONSIDER PROCEDURES FOR CHILDREN IN NEED, SUFFERING HARM OR AT RISK OF HARM

If you believe that a child is in need, suffering harm or is at risk of harm, then you should follow the safeguarding children procedures.
If you are not sure then you should speak with your line manager.

The safeguarding children procedures can be found on the Children's Trust website:
www.sunderlandchildrenstrust.org.uk/profs-safeguardboard-procedures.asp

## 2.1
## TALK TO THE CHILD/YOUNG PERSON/PARENT ABOUT THEIR ADDITIONAL NEEDS

When you have recognised a need that should be supported, you should speak with a child/young person and/or their parents. At this stage you do not need parental consent but it may be useful to secure consent at this early stage. See guidance below.
You should explain

- Why you want to talk with them
- What the CAF process is. Be clear that they will at the centre of the process, which will support them in a way that they want to be supported
- Show them a copy of the consent form.
- What the pre-assessment checklist is. Be clear that you would like to complete a pre-assessment checklist and that you would like them to contribute towards it.
- What the Common Assessment is. Be clear that you do not want to complete a Common Assessment but explain where it fits as part of the whole CAF process
- What happens next. Be clear about what you can do [2.4 2.5 2.6 3.1]

You can

- Talk about the strengths and the needs that you have identified
- Talk about the strengths and needs that they can identify



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When talking with a child/young person and/or parent, you should

- Be open and honest
- Be clear that you, just like a parent, want to ensure a child/young persons needs are met and that they receive the best possible support
- Be easy to understand
- Always use positive language
- Spend enough time with them to ensure they understand
- Try to give the child/young person and/or parent ownership of what is happening

You should

2.2
Do a pre-assessment checklist

**Guidance: consent**
In some circumstances you will be able to
- Speak with a young person without a parent present
- Seek consent from a young person

When a young person is **over 16 you can seek consent from them** and you do not have to speak with their parents.

When a young person is **under 16 (and over 12) you can sometimes seek consent from them**. As a professional, you can use your professional judgement to determine whether to talk with and seek consent from the young person, or whether to talk with and seek consent from their parents. To speak with and seek consent from a young person, you must believe that the young person understands what is involved. They should understand

- Why they have been asked to give consent
- What they are giving consent for
- What the CAF is
- How they will be involved
- Who they will be involved with

Remember to explain that
- You are asking for consent to go through the whole of the CAF process IF you need to
- A pre-assessment checklist can be completed without consent
- To complete a Common Assessment consent is required

More guidance is available at www.ecm.gov.uk

## 2.2
## DO A PRE-ASSESSMENT CHECKLIST

The pre-assessment checklist aims to identify key strengths and needs, to assist you to determine what action to take, to support a child/young person.

Your own agency may have a tool that is able to meet the requirements of the pre-assessment checklist. If so, then you can use this tool.

Ideally a pre-assessment checklist will be completed with the child, young person and/or parents. Ideally a pre-assessment checklist will be completed with a signed consent, but you do not need this to complete the checklist.

Guidance is available to assist you determine whether it is appropriate to speak with a young person, without a parent present. Guidance on this can be found at 2.1.

When completing the checklist, you should

- Try to give the child, young person and/or parent ownership of the pre-assessment checklist
- Think about where (location) to complete the checklist. If this is with the family, ask them where they would like to complete it
- Spend as much time as is needed to complete the checklist
- Be sensitive.
- Ensure everyone that is contributing towards the checklist sees what is recorded.

You should use the Threshold Definitions and Guidance to help assist you in determining what level of needs the child / young person has, and how best these needs can be met.

You should

2.3
Stop and think

## 2.3
## STOP AND THINK

Using the pre-assessment checklist you should think about what sort of support a child/young person and their family needs. You should stop and think about who might be involved and what action to take.

You can speak with the CAF Coordinator who can give you some information about whether a Common Assessment is active or if a Common Assessment has been completed recently.

You can speak with your local CAF Champion or your line manager, if you have any queries.

You should speak with your line manager and ask:

- Do you fully understand the needs of the child/young person?
- Can a single agency support and respond to the needs of the child/young person?

You should use your own judgement to determine what to do next. As a guide, if you answered yes to these questions and a Common Assessment is NOT active or has NOT recently been completed then a mix of the following options are available to you.



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If a parent is able to access services themselves, without your support, you could

2.4
Signpost direct to services

If you know of a service that can support a child/young persons needs then you could complete a

2.5
Single agency referral

If you can deliver support to a child/young person then you could offer to deliver support yourself through

2.6
Single agency action

If you cannot identify all of the support services that are required to meet a child/young persons needs then you should

3.1
Proceed with the Common Assessment Framework process

**Guidance: Useful Contacts**
CAF Coordinator:
Geraldine Marin
☎ 0191 561 1324
07765 610166
0191 533 1359
geraldine.marin@sunderland.gov.uk

Local CAF Champion: still to add

## 2.4
## SIGNPOST DIRECT TO SERVICES

You should signpost a family direct to services when they are capable of accessing services without your support.

You should

- Think about what type of services will be able to support the child/young person and their needs. See guidance below for information on the resources you can use to find out about what services exist
- Provide as much information as possible to the child/young person and/or parent about what they can access, eg leaflets and your own knowledge.
- Make suggestions as to what services they should access.

It is good practice for you to offer further support and make sure they have your contact details.

You can take

2.7
No further action

**Guidance: Directory of services for children and young people**

From April 2008 the Families Information Service will provide information for families with children, from before birth up to the age of 19. This will include information about childcare, working in childcare, nursery education, services and activities for children, young people and families and any information that will help with bringing up a family.

The CIS can be accessed by:
Phone 0191 520 5505
Email cis@sunderland.gov.uk
Fax 0191 553 5690
Website www.childcarelink.gov.uk/sunderland
Minicom 0191 525 0075
Or by calling into a Children's Centre

## 2.5
## SINGLE AGENCY REFERRAL

You should refer a family to another service when that service can better meet the needs than yourself.

You should

- Think about what services will be able to support the child/young person and their needs. See 2.4 for information on the resources you can use to find out about what services exist
- Explain to the child/young person and/or parent what services may be able to support them. And provide as much information as possible to the child/young person and/or parent about what they can access. Eg leaflets.
- Make a referral to the appropriate service(s).

It is good practice for you to

- Offer further support and make sure they have your contact details.

You can take

2.7
No further action

## 2.6
## SINGLE AGENCY ACTION

You should deliver support to a family when you feel you are able to meet their needs.

You should explain what support you can offer. You should give information about

- Who will work with the child/young person (it might not be yourself, but your agency)
- What work they will do.
- How often they will meet and for how long.
- What the expected outcomes will be.

You should explain that at the end of this intervention, you will review the child/young persons needs.

If you have met the needs of the child/young person then you will take

2.7
No further action

If you feel needs have changed or are not being met by the intervention, and you need to review and/or take further advice, it may be appropriate to consider the Common Assessment (CA). You should refer to the threshold document, Document 1.

You should explain what the CA is, what will happen next and how the child, young person and/or parent will be involved.

Ideally, you will already have received consent to go through the whole of the CAF process. For guidance see 2.1

You should explain

What the Common Assessment is and why it is being considered: A positive tool that will look at the child/young persons strengths and needs, and that with

- multiple practitioners involved, together you will be able to design a programme of support that will better meet the child/young persons needs.
- Who will be involved.
- How the Common Assessment will be completed.

When talking with the child/young person/parent remember to

- Be open and honest
- Be clear that you, just like a parent, want to ensure a child/young persons needs are met and that they receive the best possible support.
- Be easy to understand.
- Always use positive language.
- Spend enough time with them to ensure they understand.
- Try to give the child/young person and/or parent ownership of what is happening.

If you are unable to meet all of the needs of the child/young person then you should

3.1
Proceed with the Common Assessment Framework process

## 2.7
## NO FURTHER ACTION

You are now no longer supporting the child/young person and family.
You are confident the needs of the child/young person have been met, or are being met by another service.



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You can destroy the pre-assessment checklist and related paperwork – if you choose to.

## 3.1
## PROCEED WITH THE COMMON ASSESSMENT FRAMEWORK PROCESS

You should proceed with the CAF process when

- A child/young person's needs are not being met from existing support
- You believe multi-agency support is required

You must have consent to proceed beyond this stage of the CAF process. If you do not have consent, see guidance at section 2.1.

You should speak with the CAF Coordinator who can tell you whether a Common Assessment is active or if a Common Assessment has been completed recently.

Having determined the status of a Common Assessment, you should speak with your local CAF Champion or your line manager.

| | |
|---|---|
| If a CA is active then you should | 3.2 Share information with an active CA |
| If a CA is recent then you should | 3.3 Share information with a previous CA |
| If no CA has been completed then you should | 3.4 Share information and complete a CA |

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## 3.2
## SHARE INFORMATION WITH AN ACTIVE CA

When a Common Assessment (CA) is active this means

- A CAF Form has been completed
- A discussion between practitioners has taken place about the child/young person's needs
- A Lead Practitioner has been assigned
- Coordinated provision is being delivered

You can now become involved by sharing information with the active CA. To do this

- You should contact the Lead Practitioner to discuss the needs of the child/young person and the support they are receiving
- Your name will be added to the list of practitioners involved in contributing towards the Common Assessment. This information will be held by the CAF Coordinator

As the CAF revolves around a fluid process there are a number of actions that can follow this discussion. These could be:

- The Common Assessment may be updated with the information you provide

- A multi-agency planning meeting may be called
- Multi-agency discussions may take place
- You may be invited to participate in future multi-agency meetings / discussions

Your continued involvement will be requested

3.5
Multi-agency planning meeting / discussion.
Record agreed conclusions and actions

**3.3**

**SHARE INFORMATION WITH A PREVIOUS CA**

When a Common Assessment (CA) is previous this means that

- A CAF Form has been completed and the assessment has been closed
- Coordinated provision has been delivered to meet the needs identified at the time

You can now become involved by sharing information with a previous Common Assessment.

You should contact the individual that was assigned as the Lead Practitioner to discuss the needs of the child/young person.

As a result of this discussion the recent Common Assessment will be reactivated. The CAF Coordinator holds central records about the Common Assessment. The Lead Practitioner should

- Inform the CAF Coordinator that the CA has been reactivated
- Request your name to be added to the list of practitioners involved in contributing towards the Common Assessment.

As the CAF revolves around a fluid process there are a number of actions that might follow this discussion. These could be:

- The Common Assessment may be updated with the information you provide
- A multi-agency planning meeting may be called
- Multi-agency discussions may take place
- You may be invited to participate in future multi-agency meetings / discussions

Your continued involvement will be requested

3.5
Multi-agency planning meeting / discussion.

Record agreed conclusions and actions

**3.4**

**SHARE INFORMATION AND COMPLETE A CA**

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When a Common Assessment (CA) is not active or not recent, then you need to initiate a Common Assessment.

You should

- Attempt to find out what other services are supporting the child/young person
- Contact the CAF Coordinator, your local CAF Champion or line manager, and agree how to progress the CA

If a multi-agency team around the child planning discussion [3.5] is required, you should contact the services that are currently supporting the child/young person and discuss the needs of the child/young person. You will be assigned the role of Lead Practitioner. With support from the CAF Coordinator you can progress the CA.

If a multi-agency team around the child planning meeting [3.5] is required, you should arrange a meeting and invite the services that are currently supporting the child/young person. Support is available to arrange multi-agency meetings. Please contact the CAF Coordinator for support to do this.

**Guidance: Useful Contacts**
CAF Coordinator:
Geraldine Marin
☎ 0191 561 1324
✆ 07765 610166
Fax 0191 533 1359
✉ geraldine.marin@sunderland.gov.uk

You should be involved with

3.5
Multi-agency team around the child planning meeting / discussion. Record agreed conclusions and actions.

**3.5**
**MULTI-AGENCY TEAM AROUND THE CHILD PLANNING MEETING / DISCUSSION. RECORD AGREED CONCLUSIONS AND ACTIONS**

The purpose of a multi-agency planning meeting / discussion is to jointly agree how to best meet the needs of a child/young person and their family by completing a Common Assessment. In some circumstances, this step will be taken as part of an ongoing review of a Common Assessment [From 4.2].

- Multi-agency team around the child planning discussion [3.5] – to discuss the needs of the child/young person and how best to progress the Common Assessment.



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- Multi-agency team around the child planning meeting [3.5] –a meeting to discuss the needs of the child/young person and to progress the Common Assessment. You will be invited to attend a meeting. Children, young people and/or parents may attend the meeting and the venue should be convenient to enable them to attend.

The output of a multi-agency planning meeting/discussion is to complete a Common Assessment, using a CAF Form. Accompanying guidance is available to help you complete the CAF Form.

At the meeting the CAF Form should be used to record

- The strengths and needs of the child/young person and family
- The support that a child/young person and family needs
- The actions to ensure that support is delivered
- The name and contact details of the Lead Practitioner who will ensure these actions are achieved

If the child/young person and/or parent(s) are unable to attend then it will be agreed at the meeting who will feedback the outcomes of the meeting to them. This feedback should take place face-to-face.
If any relevant practitioners are not able to attend the meeting/discussion, they will receive details of the outcome of the meeting/discussion.

**As a result of the Common Assessment, you will either**

- Be assigned as the Lead Practitioner AND delivering a service
- Be assigned as the Lead Practitioner AND NOT delivering a service
- Be delivering a service
- Not be delivering a service

The Lead Practitioner should speak with the CAF Coordinator to

3.6
Inform CAF record of agreed actions

As agreed, you should

4.1
Deliver agreed actions

## 3.6
## LP INFORMS CAF RECORDS OF AGREED ACTIONS

A Common Assessment is now underway. A CAF Form has been completed.
The Lead Practitioner should provide the CAF Coordinator with a copy of the CAF Form. CAF Records are held by the CAF Coordinator. The CAF Coordinator will update this central record when a copy of the CAF Form is received.

## 4.1
## DELIVER AGREED ACTIONS



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The CAF Form sets out what actions should be taken to better meet the needs of the child/young person and their family. You should proceed with the actions that you are responsible for.

You should

4.2
Monitor and review progress

## 4.2
## MONITOR AND REVIEW PROGRESS

If you are working with a child/young person and/or their family you should continually monitor the progress that is being made.

The CAF Form should be updated as part of the review. The Lead Practitioner (LP) should determine how best to conduct this review.

The LP may ask all those providing a service to provide an update. The LP may use these updates to determine whether another multi-agency meeting / discussion needs to take place. The LP may use other methods to determine how to conduct the review.

The review will form part of the process

3.5
Multi-agency planning meeting / discussion. Record agreed conclusions and actions



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# 4. Continuum of needs to support the Common Assessment

The CAF will promote more effective, earlier identification of additional needs particularly in universal services. It is intended to provide a simple process for a holistic assessment of children's needs and strengths taking account of the role of parents, carers and environmental factors on their development.

In undertaking a common assessment, practitioners will need to consider three themes or 'domains':

- How well a child is developing, including their health and progress in learning
- How well parents or carers are able to support their child's development and respond appropriately to any needs
- The impact of wider family and environmental elements on the child's development and on the capacity of their parents and carers.

Within each of these domains practitioners need to consider the elements defined below.

## Domain 1-Development of Child

The development of the child/young person, including their health and progress in learning is assessed through considering the following elements:

**Health**

- General health - How far the child or young person appears healthy and well, is growing and developing normally and is accessing health services (such as GP, dentist or optician) appropriate to their age.
- Physical development - How far the child or young person's physical skills seem to be developing normally for their age, for example; whether they are crawling, walking and running as expected and whether their vision and hearing seems normal.
- Speech, language and communications development - How far for their age the child or young person seems able and willing to speak, communicate, read and write, and express their feelings.

**Emotional and Social Development**

- How well the child or young person copes with everyday life, their disposition, attitudes and temperament, any phobias or psychological difficulties

**Behavioural Development**

- How well behaved the child or young person is and if they display any anti-social or aggressive behaviour.

**Identity, including Self-Esteem, Self-Image and Social Presentation**

- How far the child seems to be developing the right measure of confidence and self-assurance, and how far they have a sense of belonging.

**Family and Social Relationships**

- How far the child or young person is building stable and affectionate relationships with others, including family, peers and the wider community.

**Self-Care Skills and Independence**

- How independent the child or young person is for their age - how far they can do routine tasks for themselves and make their own decisions.

**Learning**



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- Understanding, reasoning and problem solving - how well for their age the child or young person is able to understand and organise information, reason and solve problems.
- Participation in learning, education and employment – how far the child or young person is engaged in and attending learning appropriate to their age, whether through play, early year's settings, school or college/employment.
- Progress and achievement in learning - the child or young person's educational achievements and progress, including ability to read and write, compared with what would normally be expected from someone of their age.
- Aspirations - the ambitions of the child or young person, whether their aspirations are realistic and whether they are able to plan how to meet them.

## Domain 2-Parents and Carers

How well parents or carers are able to support their child's development and respond appropriately to their needs is assessed through considering the following elements:

**Basic Care, Ensuring Safety and Protection**

- The extent to which the child or young person's physical needs are met and they are protected from harm or danger, including self-harm.

**Emotional Warmth and Stability**

- Provision of emotional warmth in a stable family environment, giving the child or young person a sense of being valued.

**Guidance, Boundaries and Stimulation**

- Enabling the child or young person to regulate their own emotions and behaviour while promoting the child or young person's learning and intellectual development through encouragement and stimulation and promoting social opportunities.

## Domain 3-Family and Environmental Factors

The impact of wider family and environmental elements on the child's development and on the capacity of their parents and carers is assessed through the following elements:

**Family History, Functioning and Well-Being**

- Who lives in the household and how they relate to the child, including any changes since the child's birth; family routines; and anything about the family history, such as family breakdown, illnesses (physical or mental) or problems with alcohol or other substances that are having an impact on the child's development.

**Wider Family**

- Whether there is an appropriate level of support for the child, young person or parents/carers from relatives and others.

**Housing, Employment and Financial Considerations**

- Whether the accommodation has everything needed for living safely and healthily.
- Who is working in the household, the pattern of their work and any changes?
- What is the income available over a sustained period of time?

**Social and Community Elements and Resources, including education**

- Impact of the child/young person of local area, including crime levels, availability and quality of shops, schools/colleges, etc. This includes how well the child/young person fits in with neighbours, friends and others.

## Risk, Resilience and Protective Factors

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**Having assessed the elements the practitioner needs to use their professional judgement to consider the level of need against the continuum of needs (windscreen) within the context of risk, resilience and protective factors.**

Use of the CAF does not mean that each element needs to be assessed to the same level of detail or that the elements should be followed mechanistically. Practitioners should always consider the possibility of needs and strengths within each element using the 'windscreen' to indicate the level of need. The level of detail and the questions asked will vary according to the child's circumstances and the skills and knowledge of the practitioner. It will not always be appropriate for practitioners to assess all areas but they should consider the whole child, not just their own agency focus. **As with other frameworks, CAF relies on practitioner judgement and will only work if practitioners use it as a tool to support practice rather than as an administrative process.**

The CAF does not change the statutory obligations of agencies.

## Threshold Definitions and Guidance

Sunderland has issued these guidelines to support practitioners when completing the Common Assessment and to develop a common language to define levels of need across the 'Windscreen' continuum of need.

**These are guidelines only and do not replace professional judgement.**

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# CONTINUUM OF NEEDS TO SUPPORT THE COMMON ASSESSMENT

# THRESHOLD DEFINITIONS AND GUIDANCE

# Domain 1 – Development of the Child or Young Person

## CHILD'S DEVELOPMENT NEEDS PRE-BIRTH

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Foetus growing and developing well<br>▪ Mother attending all pre-natal check ups and appointments<br>▪ Parents preparing for birth of child | ▪ Some concerns identified about growth and development of foetus<br>▪ Parental vulnerability identified e.g. young parents, separation of parents, parents unduly anxious / fearful<br>▪ Mother has missed some pre-natal check ups and appointments<br>▪ Young, inexperienced prospective parent(s)<br>▪ Concerns that food, warmth and the basics will not always be available | ▪ Significant concerns identified about growth and development of foetus<br>▪ Mother has failed to access any pre-natal care<br>▪ Significant parental vulnerability identified e.g. parental learning disability, some alcohol and/or drug misuse, mental health concerns, domestic violence<br>▪ Large family with several young children<br>▪ Parents have struggled to care for previous child/ren | ▪ Severe disability identified pre-natally<br>▪ Previous child/ren have been removed from parent(s)' care<br>▪ Parents own needs mean they will not be able to keep their child safe |

# Child Development Needs 0-7

## Health

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Appropriate height and weight<br>▪ Physically healthy<br>▪ Developmental checks up to date<br>▪ Adequate and nutritious diet<br>▪ Regular dental and optical care | ▪ Weight not increasing at rate expected<br>▪ Child being overweight/obsese<br>▪ Slow in reaching developmental milestones and/or not attending routine appointments<br>▪ Persistent minor health problems<br>▪ Limited diet e.g. no breakfast<br>▪ Dental care not sufficient, poor attendance for checks/ treatment<br>▪ Vulnerability to mental health problems e.g. acrimonious divorce of parents: unduly anxious, angry or defiant | ▪ Weight gain becoming a cause of concerns – below 25th centile or medically obese<br>▪ Child has chronic health problems<br>▪ Concerns about developmental progress e.g. overweight / underweight / neurosis<br>▪ Learning significantly affected by health problems<br>▪ Limited/restricted diet, no breakfast<br>▪ Dental decay | ▪ Child's development as measured by weight AND height both under the 10th centile<br>▪ Child has severe disability and needs are not met<br>▪ Refusing medical care endangering life / development<br>▪ Developmental milestones unlikely to be met and/or missing routine health appointments<br>▪ Lack of food may be linked with neglect<br>▪ Dental decay and no access of treatment<br>▪ Mental health issues emerging – conduct disorder, ADHD, autism, anxiety with severely challenging behaviour<br>▪ Sexual exploitation/prostitution<br>▪ Illness which is fabricated, induced or factitious<br>▪ Premeditated abuse<br>▪ Sexual abuse by parent, carer or other |

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## Education

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Acquired a range of skills / interests<br>▪ Experiences of success / achievement<br>▪ No concerns around cognitive development<br>▪ Access to books, toys, as appropriate<br>▪ Enjoy and participates in educational activities and school life<br>▪ Sound home/nursery/school link | ▪ Poor punctuality<br>▪ Occasional school absences<br>▪ Not always engaged in learning e.g. poor concentration, low motivation, easily distracted<br>▪ Not thought to be reaching his/her educational potential<br>▪ Home/nursery (school) link not well established<br>▪ Subject to mild bullying<br>▪ Bullying other children | ▪ Poor school attendance and punctuality<br>▪ Persistent unauthorised absences from school<br>▪ Poor home/nursery/school link<br>▪ Subject to serial bullying<br>▪ Child is persistent bullying | ▪ Puts peers at risk through behaviour<br>▪ No, or acrimonious home / nursery/school link contact<br>▪ Achievement is significantly below the child's academic potential<br>▪ Permanently excluded from school<br>▪ Parents hostile to education<br>▪ Parents encourage absence<br>▪ Significant underachievement in all areas at school<br>▪ Serious non attendance at the later stages of the non-attendance procedures<br>▪ Suspicions or allegations about abuse perpetrated by professionals<br>▪ Deprived of stimulation/learning opportunities<br>▪ Global Developmental delay/failure to thrive |

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## Emotional and Behavioural Development

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Demonstrates appropriate responses in feelings and actions<br>▪ Good quality early attachments<br>▪ Able to adapt to change<br>▪ Able to demonstrate empathy | ▪ Some difficulties with family relationships<br>▪ Some difficulties with peer group relationships<br>▪ Some evidence of inappropriate responses and actions<br>▪ Child can find managing change difficult<br>▪ Not always able to understand how own actions impact on others<br>▪ Child is unduly apprehensive about new experiences, appears unhappy<br>▪ Child has experienced loss or bereavement and their support needs do not appear to be met within the family network<br>▪ Child is living in an environment where there is a history of Domestic Violence | ▪ Poor peer relationships<br>▪ Child finds it difficult to cope with anger and frustration<br>▪ Disruptive / challenging behaviour at nursery/school or in neighbourhood<br>▪ Child withdrawn/unwilling to engage<br>▪ Limited ability to understand how actions impact on others<br>▪ Children of parents where there has been a recent incident of Domestic Violence | ▪ Child's behaviour beyond parents / carers control<br>▪ Abusive/violent behaviour (verbal or physical)<br>▪ Severe physical punishment<br>▪ Child has inappropriate responsibilities<br>▪ Low warmth/high criticism impacting upon the child's well being<br>▪ Traumatised<br>▪ Mental illness/suicidal/eating disorder<br>▪ Running away<br>▪ Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc<br>▪ Unable to connect cause and effect of own actions<br>▪ Unable to display empathy |

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## Identity

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Positive sense of self and abilities<br>▪ Demonstrates feelings of belongingness and acceptance | ▪ Some insecurities around identity expressed<br>▪ Limited self-confidence<br>▪ Child subject to discrimination e.g. racial or due to disabilities | ▪ Child experiences persistent discrimination e.g. on the basis of ethnicity or disability<br>▪ Demonstrates significantly low self-esteem in a range of situations<br>▪ Poor self confidence | ▪ Child has internalised discrimination and behaviour reflects poor self image<br>▪ Child is socially isolated and lacks appropriate role models<br>▪ No self-confidence<br>▪ Child's self image distorted and may demonstrate fear of persecution by others<br>▪ Rejected by peers<br>▪ Damaged identity<br>▪ Child embarrasses or ashamed to form relationships<br>▪ Persistent or chronic failure to meet a child's emotional needs<br>▪ Scapegoat/rejected by parents Constantly undermined/denigrated. |

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## Family and Social Relationships

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Stable and affectionate relationship with caregivers<br>▪ Good relationships with siblings<br>▪ Positive relationships with peers | ▪ Some inconsistencies in relationships with family and friends<br>▪ Child has lack of positive role models<br>▪ Unresolved issues arising from parents divorce, step parenting or death of carer<br>▪ Child has some difficulties sustaining relationships | ▪ Relationships with carers characterised by inconsistencies<br>▪ Misses school<br>▪ Peers also involved in challenging behaviour<br>▪ Involved in conflicts with peers/siblings<br>▪ May have previously had periods of LA accommodation | ▪ Relationships with family all experienced as critical and/or negative<br>▪ Complete rejection by a parent and/or step parent<br>▪ Other relationships characterised by rejection<br>▪ Family breakdown threatened<br>▪ Family no longer want to care for child<br>▪ Suffering physical, emotional or sexual harm or neglect<br>▪ Family have abandoned child<br>▪ Child shows no sign of attachment to primary carer. No long term stable relationship with at least one adult<br>▪ Child has no peer relationships<br>▪ Previous Child protection concerns or enquiries to the Child Protection Register<br>▪ Not responding or resistance to intervention or offers of support<br>▪ Repeated patterns of concerns/deterioration in situation.<br>▪ Individual who poses a risk with access to children |

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| | | | |
|---|---|---|---|
| | | | ▪ Lack of remorse or acknowledgement of concerns<br>▪ Highly mobile/isolated families<br>▪ History of concerns about violence/alcohol/drugs/mental illness<br>▪ Lack of evidence of action protect<br>▪ Domestic Violence in home<br>▪ Domestic violence posing a risk to the physical safety and emotional well being of the child<br>▪ Serious concerns about the level of supervision.<br>▪ Frequent changes of primary carers.<br>▪ Dangerous/abusive<br>▪ Young child left alone |

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## Social Presentation

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Appropriate dress for different settings<br>▪ Good level of personal hygiene<br>▪ Confident in social situations, but sufficiently discriminating between ‘safe’ and ‘unsafe’ contacts | ▪ Clothing may be ill fitting e.g. too tight shoes<br>▪ Child may not always be clean – may suffer from teasing at school about being ‘smelly’<br>▪ Child can be either overfriendly or withdrawn | ▪ Child may be provocative in behaviour<br>▪ Clothing is regularly unwashed and frequently ill fitting<br>▪ Child’s poor hygiene leads to alienation from peers<br>▪ May not discriminate effectively with strangers<br>▪ Presentation significantly impacts on all relationships | ▪ Child’s appearance reflects poor care – poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care<br>▪ Rejection or taunting by peers<br>▪ Alienates self from school<br>▪ Child unconfident, watchful or wary of carers/people<br>▪ Child unable to discriminate and likely to put self at risk<br>▪ Child prostitution<br>▪ Unexplained injury or inconsistent explanations<br>▪ Malnourishment |

## Self-Care Skills

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills | ▪ Disability limits amount of self-care possible<br>▪ Not always adequate self-care e.g. poor hygiene<br>▪ Child slow to develop age-appropriate self-care skills | ▪ Disability prevents self-care in a significant range of tasks<br>▪ Child takes little or no responsibility for self-care tasks in comparison to peer group | ▪ Severe disability – child relies on other people to meet care needs<br>▪ Age appropriate basic or specific needs are not being addressed by carer. |

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# Child's Development Needs 8 – 13

## Health

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Appropriate height and weight | ▪ Weight not increasing at rate expected<br>▪ Slow in reaching developmental milestones and/or not attending routine appointments<br>▪ Persistent minor health problems – perhaps resulting in less than 80% school attendance<br>▪ Limited diet e.g. no breakfast and limited money for school lunch<br>▪ Dental care not sufficient in attendance for checks/treatment<br>▪ Vulnerability to mental health problems e.g. acrimonious divorce of parents, unduly anxious, angry or defiant<br>▪ Early sexual activity<br>▪ Experimenting with tobacco/alcohol/drugs at young age | ▪ Weight gain becoming a cause for concern<br>▪ Child has chronic health problems<br>▪ Concerns about developmental progress e.g. overweight/underweight / neurosis<br>▪ Learning significantly affected by health problems<br>▪ Limited/restricted diet – no breakfast, no lunch money<br>▪ Dental decay<br>▪ Smokes, substance misuse<br>▪ 'Unsafe' sexual activity | ▪ Child's development as measured by weight AND height both under the 10th centile<br>▪ Child has severe disability<br>▪ Refusing medical care endangering life/development<br>▪ Developmental milestones unlikely to be met and/or missing routine health appointments<br>▪ Lack of food may be linked with neglect<br>▪ Dental decay and no access of treatment<br>▪ Mental health issues emerging – conduct disorder, ADHD, autism, anxiety, eating disorders<br>▪ Persistent substance misuse<br>▪ Dangerous sexual activity and/or early teenage pregnancy<br>▪ Acute mental health problems – threat of suicide, psychotic episode, severe depressions<br>▪ Self harming<br>▪ 'Heavy end' substance misuse<br>▪ Sexual exploitation |

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## Education

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Acquired a range of skills/interests<br>▪ Experiences of success/achievement<br>▪ Access to books, toys as appropriate<br>▪ Enjoys and participates in educational activities and school life<br>▪ Sound home/school link | ▪ On 'School Action' or School Action Plus of the Code of Practice<br>▪ Poor punctuality<br>▪ Occasional school absences<br>▪ Not always engaged in learning e.g. poor concentration, low motivation<br>▪ Not thought to be reaching his/her educational potential<br>▪ Home/school link not well established | ▪ May have a statement of Special Educational Needs<br>▪ Not achieving as anticipated<br>▪ Poor school attendance and punctuality<br>▪ Some fixed-term exclusions<br>▪ Poor home/school link<br>▪ Not educated at school (or at home by parents) | ▪ Puts peers at risk through behaviour<br>▪ Second permanent exclusion from school or imminent 2nd exclusion<br>▪ No school placement<br>▪ No or acrimonious home/school link contact<br>▪ Achievement is significantly below the child's academic potential |

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## Emotional and Behavioural Development

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Demonstrates appropriate responses in feelings and actions<br>▪ Good quality early attachments<br>▪ Able to adapt to change<br>▪ Able to demonstrate empathy | ▪ Some difficulties with family relationships<br>▪ Some difficulties with peer group relationships<br>▪ Some evidence of inappropriate responses and actions<br>▪ Child can find managing change difficult<br>▪ Not always able to understand how own actions impact on others | ▪ Poor peer relationships<br>▪ Starting to offend and re-offend<br>▪ Child finds it difficult to cope with anger and frustration<br>▪ Disruptive/challenging behaviour at school or in neighbourhood<br>▪ Child withdrawn/unwilling to engage<br>▪ Limited ability to understand how actions impact on others | ▪ Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc<br>▪ Puts self or others in danger e.g. missing<br>▪ Unable to connect cause and effect of own actions<br>▪ Prosecution for offences – resulting in court orders, custodial sentences, ASBOs etc<br>▪ Regularly involved in anti-social/criminal activities<br>▪ Unable to display empathy |

## Identity

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Positive sense of self and abilities<br>▪ Demonstrates feelings of belongingness and acceptance | ▪ Some insecurities around identity expressed e.g. low self-esteem for learning, low aspirations for the future<br>▪ Limited self-confidence<br>▪ Child subject to discrimination e.g. racial, sexual or due to disabilities | ▪ Child experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability<br>▪ Demonstrates significantly low self-esteem in a range of situations<br>▪ Poor self confidence<br>▪ May be victim of crime<br>▪ Signs of deteriorating mental health | ▪ Child has internalised discrimination and behaviour reflects poor self image<br>▪ Child is socially isolated and lacks appropriate role models<br>▪ No self-confidence<br>▪ Child's self image distorted and may demonstrate fear of persecution by others<br>▪ Mental health problems becoming manifest |

### Family and Social Relationships

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Stable and affectionate relationship with caregivers<br>▪ Good relationships with siblings<br>▪ Positive relationships with peers | ▪ Some inconsistencies in relationships with family and friends<br>▪ Child has lack of positive role models<br>▪ Unresolved issues arising from parents divorce, step parenting or death of carer<br>▪ Child has some difficulties sustaining relationships | ▪ Relationships with carers characterised by inconsistencies<br>▪ Misses school or leisure activities<br>▪ Peers also involved in challenging behaviour<br>▪ Involved in conflicts with peers/siblings<br>▪ May have previously had periods of LA accommodation<br>▪ Few if any achievements | ▪ Relationships with family all experienced as critical and/or negative<br>▪ Complete rejection by a parent and/or step parent<br>▪ Other relationships characterised by rejection<br>▪ Family breakdown threatened<br>▪ Family no longer want to care for child<br>▪ Suffering physical, emotional or sexual harm or neglect |

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## Social Presentation

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Appropriate dress for different settings<br>▪ Good level of personal hygiene<br>▪ Confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts | ▪ Lack of school uniform impacting on progress/relationships in school<br>▪ Clothing for younger children may be ill fitting e.g. too tight shoes<br>▪ Child may not always be clean – may suffer from teasing at school about being 'smelly'<br>▪ Child can be either overfriendly or withdrawn | ▪ Child may be provocative in behaviour/appearance<br>▪ Clothing is regularly unwashed and frequently ill fitting<br>▪ Child's poor hygiene leads to alienation from peers<br>▪ May not discriminate effectively with strangers<br>▪ Presentation significantly impacts on all relationships | ▪ Child's appearance reflects poor care – poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care<br>▪ Rejection or taunting by peers<br>▪ Alienates self from school<br>▪ Child lacks confidence, watchful or wary of carers/people<br>▪ Child unable to discriminate and likely to put self at risk |

## Self-care Skills

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills | ▪ Disability limits amount of self-care possible<br>▪ Not always adequate self-care e.g. poor hygiene<br>▪ Child slow to develop age-appropriate self-care skills | ▪ Disability prevents self-care in a significant range of tasks<br>▪ Child takes little or no responsibility for self-care tasks in comparison to peer group | ▪ Severe disability – child relies on other people to meet care needs<br>▪ Child engaged in activities which impact on self-care e.g. substance misuse<br>▪ Child's self-care neglected because of other priorities e.g. substance misuse<br>▪ Offending/substance misuse/sexual activity prevent self-care and impact on vulnerability to exploitation |

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# Child's / Young Person's Developmental needs 14 up to 19

## Health

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Appropriate height and weight<br>▪ Physically healthy<br>▪ Medical checks up to date<br>▪ Adequate and nutritious diet<br>▪ Regular dental and optical care<br>▪ Good state of mental health<br>▪ Sexual activity appropriate for age<br>▪ No misuse of substances | ▪ Excessive or low weight gain – not proportional to height growth<br>▪ Not attending routine appointments<br>▪ Persistent minor health problems<br>▪ Limited diet e.g. no breakfast and limited money for school lunch<br>▪ Dental care not sufficient in attendance for checks/treatment<br>▪ Vulnerability to mental health problems e.g. acrimonious divorce of parents, unduly anxious, angry or defiant<br>▪ Early sexual activity<br>▪ Experimenting with tobacco/alcohol/drugs at young age | ▪ Chronic health problems<br>▪ Concerns about developmental progress e.g. overweight/underweight / neurosis<br>▪ Learning significantly affected by health problems<br>▪ Limited/restricted diet – no breakfast, no lunch money<br>▪ Dental decay<br>▪ Smokes, substance misuse<br>▪ 'Unsafe' sexual activity | ▪ Child/young person has severe disability<br>▪ Refusing medical care endangering life/development<br>▪ Missing routine health appointments<br>▪ Lack of food may be linked with neglect<br>▪ Dental decay and no access of treatment<br>▪ Mental health issues emerging – conduct disorder, ADHD, autism, anxiety, eating disorders<br>▪ Persistent substance misuse<br>▪ Dangerous sexual activity and/or early teenage pregnancy<br>▪ Acute mental health problems – threat of suicide, psychotic episode, severe depressions<br>▪ Self harming<br>▪ 'Heavy end' substance misuse<br>▪ Sexual exploitation |

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## Education

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Acquired a range of skills/interests<br>▪ Experiences of success/achievement<br>▪ No concerns around cognitive development<br>▪ Access to books, games, activities as appropriate<br>▪ Enjoys and participates in educational activities and school life<br>▪ Sound home/school link<br>▪ Planned progression beyond statutory education | ▪ On 'School Action' or School Action Plus of the Code of Practice<br>▪ Poor punctuality<br>▪ Occasional school absences<br>▪ Not always engaged in learning e.g. poor concentration, low motivation<br>▪ Not thought to be reaching his/her educational potential<br>▪ Home/school link not well established<br>▪ Limited evidence of progression planning<br>▪ At risk of making ill-informed/inappropriate decisions about progression | ▪ May have a statement of Special Educational Needs<br>▪ Not achieving as anticipated<br>▪ Poor school attendance and punctuality<br>▪ Some fixed-term exclusions<br>▪ Poor home/school link<br>▪ Not educated at school (or at home by parents)<br>▪ Limited participation in education, employment or training post 16 | ▪ Puts peers at risk through behaviour<br>▪ Second permanent exclusion from school or imminent 2nd exclusion<br>▪ No school placement<br>▪ No or acrimonious home/school link contact<br>▪ Achievement is significantly below the child's academic potential<br>▪ Not in education, employment or training post 16 |

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## Emotional and Behavioural Development

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Demonstrates appropriate responses in feelings and actions<br>▪ Good quality early attachments/relationships<br>▪ Able to adapt to change<br>▪ Able to demonstrate empathy | ▪ Some difficulties with family relationships<br>▪ Some difficulties with peer group relationships<br>▪ Some evidence of inappropriate responses and actions<br>▪ Child/young person can find managing change difficult<br>▪ Not always able to understand how own actions impact on others | ▪ Poor peer relationships<br>▪ Starting to offend and re-offend<br>▪ Child/young person finds it difficult to cope with anger and frustration<br>▪ Disruptive/challenging behaviour at school or in neighbourhood<br>▪ Child/young person withdrawn/unwilling to engage<br>▪ Limited ability to understand how actions impact on others | ▪ Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc<br>▪ Puts self or others in danger e.g. missing<br>▪ Unable to connect cause and effect of own actions<br>▪ Prosecution for offences – resulting in court orders, custodial sentences, ASBOs etc<br>▪ Regularly involved in anti-social/criminal activities<br>▪ Unable to display empathy |

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## Identity

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Positive sense of self and abilities<br>▪ Demonstrates feelings of belonging and acceptance | ▪ Some insecurities around identity expressed e.g. low self-esteem for learning, low aspirations for the future<br>▪ Limited self-confidence<br>▪ Child subject to discrimination e.g. racial, sexual or due to disabilities | ▪ Child experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability<br>▪ Demonstrates significantly low self-esteem in a range of situations<br>▪ Poor self confidence<br>▪ May be victim of crime<br>▪ Signs of deteriorating mental health<br>▪ Few, if any, achievements | ▪ Child has internalised discrimination and behaviour reflects poor self image<br>▪ Child is socially isolated and lacks appropriate role models<br>▪ No self-confidence<br>▪ Child's self image distorted and may demonstrate fear of persecution by others<br>▪ Mental health problems becoming manifest |

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## Family and Social Relationships

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Stable and affectionate relationship with caregivers<br>▪ Good relationships with siblings<br>▪ Positive relationships with peers | ▪ Some inconsistencies in relationships with family and friends<br>▪ Child/young person has lack of positive role models<br>▪ Unresolved issues arising from parents divorce, step parenting or death of carer<br>▪ Child/young person has some difficulties sustaining relationships | ▪ Relationships with family characterised by inconsistencies<br>▪ Misses school or leisure activities<br>▪ Peers also involved in challenging behaviour<br>▪ Involved in conflicts with peers/siblings<br>▪ May have previously had periods of LA accommodation | ▪ Relationships with family all experienced as critical and/or negative<br>▪ Complete rejection by a parent and/or step parent<br>▪ Other relationships characterised by rejection<br>▪ Family breakdown threatened<br>▪ Family no longer want to care for child/young person<br>▪ Suffering physical, emotional or sexual harm or neglect<br>▪ Family have abandoned child/young person |

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## Social Presentation

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Appropriate dress for different settings<br>▪ Good level of personal hygiene<br>▪ Confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts | ▪ Lack of school uniform impacting on progress/relationships in school<br>▪ Clothing for child/young person may be ill fitting e.g. too tight shoes<br>▪ Child/young person may not always be clean – may suffer from teasing at school about being 'smelly'<br>▪ Child/young person can be either overfriendly or withdrawn | ▪ Child/young person may be provocative in behaviour/appearance<br>▪ Clothing is regularly unwashed and frequently ill fitting<br>▪ Child/young person's poor hygiene leads to alienation from peers<br>▪ May not discriminate effectively with strangers<br>▪ Presentation significantly impacts on all relationships | ▪ Child/young person's appearance reflects poor care – poor hygiene, dirty clothes, lack of appropriate hair and skin care<br>▪ Rejection or taunting by peers<br>▪ Alienates self from school<br>▪ Child/young person unconfident, watchful or wary of carers/people<br>▪ Child/young person unable to discriminate and likely to put self at risk |

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## Self-care Skills

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Competency in practical and emotional skills, such as feeding, dressing and independent living skills | ▪ Disability limits amount of self-care possible<br>▪ Not always adequate self-care e.g. poor hygiene<br>▪ Child/young person slow to develop age-appropriate self-care skills | ▪ Disability prevents self-care in a significant range of tasks<br>▪ Child/young person takes little or no responsibility for self-care tasks in comparison to peer group | ▪ Severe disability – child/young person relies totally on other people to meet care needs<br>▪ Child/young person engaged in activities which impact on self-care e.g. substance misuse<br>▪ Child/young person's self-care neglected because of other priorities e.g. substance misuse<br>▪ Offending/substance misuse/sexual activity prevent self-care and impact on vulnerability to exploitation |

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# Domain 2 – Parents and Carers

## Basic Care

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Provide for child/young person's physical needs e.g. food, drink, appropriate clothing, medical and dental care | ▪ Basic care is not provided consistently<br>▪ Food, warmth and other basics not always available<br>▪ Parent struggling without support and/or adequate resources<br>▪ Young inexperienced parent(s) | ▪ Basic care is frequently inconsistent<br>▪ Food, warmth and other basics often not available<br>▪ Large family with several young children/persons<br>▪ Very young inexperienced parent(s)<br>▪ Parents' mental health problems or substance misuse significantly affect care of child/young person<br>▪ Parents have struggled to care for previous child/young persons | ▪ Basic Care is rarely consistent<br>▪ Parents have seriously abused/neglected the child/young person<br>▪ Food, warmth and other basics frequently not available<br>▪ Supervision is haphazard<br>▪ Previous child/young persons have been removed from parents' care<br>▪ Parents' own needs mean they cannot keep child/young person safe |

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## Ensuring Safety

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Protection from danger or significant harm in the home and elsewhere | ▪ Haphazard supervision, unaware of child/young person's whereabouts<br>▪ Haphazard use of safety equipment e.g. fireguards<br>▪ Insufficient awareness of danger to the child/young person<br>▪ Inappropriate child-care arrangements and/or too many different carers<br>▪ Inappropriate frequent visits to doctor/casualty | ▪ Instability and domestic violence in the home<br>▪ Poor supervision<br>▪ Inappropriate care arrangements such as succession of carers | ▪ Level of supervision is inadequate given child/young person's age<br>▪ Parenting unable to restrict access to home by dangerous adults<br>▪ May involve leaving child/young person in the care of schedule 1 offenders<br>▪ Chronic and serious domestic violence involving the child/young person |

## Emotional Warmth

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Shows warm regard, praise and encouragement | ▪ Inconsistent responses to child/young person by parent(s)<br>▪ Child/young person able to develop other positive relationships<br>▪ Parents struggling to have their own emotional needs met | ▪ Child/young person receives erratic or inconsistent care<br>▪ Parental instability affects capacity to nurture<br>▪ Parents own emotional needs starting to compromise those of the child/young person<br>▪ Some relationship difficulties | ▪ Low warmth, high criticism<br>▪ Parents inconsistent, highly critical or apathetic towards child/young person<br>▪ Parents own emotional experiences impacting on their ability to meet the child/young person's needs<br>▪ Relationships characterised by rejection |

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## Stimulation

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Facilitates cognitive development through<br>▪ Enables child/young person to experience success<br>▪ Child/young person accesses leisure facilities as appropriate to age and interests | ▪ Child/young person spends considerable time alone<br>▪ Child/young person is not often exposed to new experiences<br>▪ Limited access to leisure facilities | ▪ Child/young person receiving little positive stimulation, with lack of any new experiences or activities<br>▪ Restricted access, if any to leisure facilities<br>▪ Child/young person under undue parental pressure to achieve/aspire | ▪ No constructive leisure time or activities<br>▪ No access to leisure facilities<br>▪ No relevant stimulation appropriate for age, may be inappropriate and harming e.g. exposure to inappropriately sexually explicit material at a young age. |

## Stability

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Child/young person has secure relationships<br>▪ Provides consistency of emotional warmth over time | ▪ Child/young person's key relationships with family members not always maintained<br>▪ Complex family dynamics result in ongoing level of instability<br>▪ Poor home routines | ▪ Child/young person has multiple carers, but no significant relationships to any of them | ▪ Child/young person beyond parental control<br>▪ Family life may be chaotic<br>▪ Child/young person has no one to care for him/her<br>▪ Multiple carers, with no consistency |

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## Guidance and boundaries

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Provides guidance so that child/young person can develop an appropriate internal model of value and conscience | ▪ Child/young person can behave in an anti-social way in the neighbourhood e.g. petty crime<br>▪ Parent/carer offers inconsistent boundaries | ▪ Erratic or inadequate guidance provided<br>▪ Parents struggle/refuse to set effective boundaries<br>▪ Parent does not offer a good role model e.g. by behaving in an anti-social way<br>▪ Child/young person regularly behaves in an anti-social way in the neighbourhood | ▪ No effective boundaries<br>▪ Child/young person out of control in the community |

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# Domain 3 – Family and environmental factors

## Family History and Functioning

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Good relationships within family, including when parents are separated<br>▪ Few significant changes in composition | ▪ Parents have some conflicts or difficulties that can involve the child/young person<br>▪ Child/young person has experienced loss of significant adult e.g. through bereavement or separation<br>▪ May be needed to look after younger siblings<br>▪ Parent has physical/mental health difficulties | ▪ Incidents of domestic violence between parents<br>▪ Acrimonious divorce/separation<br>▪ Limited extended family support | ▪ Significant parental discord and persistent domestic violence<br>▪ Family characterised by conflict and serious, chronic relationship difficulties<br>▪ Poor/abusive sibling relationships<br>▪ History of rejection<br>▪ Drugs paraphernalia accessible to child<br>▪ Problematic substance misuse in home whilst caring for child |

## Wider Family

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Sense of larger familial network and good friendships outside of the family unit | ▪ Some support from friends and family | ▪ Family has poor relationship with extended family or little communication<br>▪ Family is socially isolated | ▪ No effective support from extended family<br>▪ Destructive/unhelpful involvement from extended family – critical rather than supportive |

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## Housing

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Accommodation has basic amenities and appropriate facilities | ▪ Adequate/poor housing<br>▪ Some problems over basic facilities e.g. family in high-rise | ▪ Poor state of repair temporary or overcrowded<br>▪ Rent arrears put family at risk of eviction<br>▪ Prosecution/eviction proceedings | ▪ Homeless – or imminent<br>▪ House dangerous or seriously threatening health<br>▪ Physical accommodation places child/young person in danger<br>▪ Family seeking asylum or refugees<br>▪ Essential supplies disconnected |

## Employment

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Parent able to manage the working or unemployment arrangements and do not perceive them as unduly stressful | ▪ Periods of unemployment of the wage-earning parent<br>▪ Stress from 'overworking' beginning to make an impact<br>▪ Parents have limited formal education | ▪ Stress from unemployment or 'overworking' have impact on other aspects of family life e.g. marital relationships<br>▪ Parents find it difficult to obtain employment due to poor basic skills | ▪ Chronic unemployment that has severely affected parents' own identities<br>▪ Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse<br>▪ No expectation that young person will work |

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## Income

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Reasonable income over time, with recourses used appropriately to meet individual needs | ▪ Low income | ▪ Low income plus adverse additional factors e.g. up to borrowing limit of Social Care Fund | ▪ Extreme financial difficulties impacting on ability to have basic needs met |

## Family's Social Integration

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Family feels integrated into the community<br>▪ Good social friendship networks exist | ▪ Limited contact with community<br>▪ Family may be new to the area<br>▪ Some conflict within the community | ▪ Generally isolated<br>▪ Parents socially excluded<br>▪ Acrimonious relationships within the community | ▪ Family chronically socially excluded<br>▪ High levels of conflict, volatility within neighbourhood<br>▪ Community are hostile to family |

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## Community Resources

| No identified additional needs Universal services | Additional needs | Multiple needs | Children in need and those at risk of harm |
|---|---|---|---|
| ▪ Community is generally supportive of families with child/young persons and young people<br>▪ Good universal services in neighbourhood | ▪ Adequate universal resources but family may have access issues<br>▪ Community characterised by negativity towards child/young persons or young people<br>▪ Poor tolerance | ▪ Poor access to quality universal resources and targeted services<br>▪ No community support/tolerance for families | ▪ Poor access to services longstanding – community has low expectations<br>▪ Extreme rurality/isolation<br>▪ Community hostile and critical-may want family moved away<br>▪ Suspicious or allegations about abuse perpetrated by any adult engaged in the provision of services to children |

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## Risk, resilience and protective factors

When using the Continuum of needs (**Windscreen)**, it is important that **protective** and **resilience** factors are considered as well as the risk factors. Not only are children's experiences relevant to their development but other factors within individual children, such as temperament, personality and gender all influence the way they are likely to react to experiences of their families and the environment in which they are growing up. The Department of Health in Assessing Children in Need and their Families: Practice Guidance identifies that children vary widely in the way they may respond to a set of circumstances. Some children may do well even in the most adverse circumstances while others appear to have little capacity to cope with small amounts of stress. It is therefore important to understand what may act as protective factors in children's lives and what may be stressors or vulnerabilities.

| **Protective factors may include:** | | |
|---|---|---|
| Individual: | Family: | Community: |
| Resilient temperament<br>Autonomy, comprising a sense of identity, achievement, self awareness and independence<br>Self-motivation | Strong and affectionate relationships with both parents, family members, other significant adults<br>Recognition and praise: including parental interest, and involvement in education<br>Stability and security in family life | Active involvement in school and community life; access to high quality early years education<br>Supportive relationships outside the home<br>Pro-social peer group |
| **Risk Factors may include:** | | |
| Individual: | Family: | Community: |
| Troublesome behaviour in school/home, difficult behaviour<br>Friends condoning or involved in risky behaviour<br>Low educational achievement<br>Truancy/exclusion<br>Homelessness<br>Bullying<br>High rates of attendance in accident and emergency units<br>Alcohol and drug use<br>Poor nutrition<br>Smoking<br>Depression<br>Low self-esteem | Lax parental supervision<br>Parental (or other family member) abuse and/or neglect of child(ren), inconsistent and violent discipline<br>Domestic violence, family conflict<br>Paternal criminal convictions<br>Children have poor or no relationship with one or both parents<br>Having refugee status<br>Being socially isolated | Inadequate housing<br>Disadvantaged neighbourhood, indicated by a significant proportion of:<br>▪ Minority ethnic families<br>▪ Families with four or more children<br>▪ Families where mothers are 16-24<br>▪ Lone parent families<br>▪ Workless households<br>▪ Low income families<br>▪ Transient families |

| | | |
|---|---|---|
| Specific developmental delays<br>Learning difficulty and/or disability<br>Speech/communication problems<br>Physical illness especially chronic and/or neurological | | |
| In addition, practice suggests that the following groups of children and young people may be at risk of negative outcomes:<br>▪ Children and young people missing from school roll<br>▪ Families with low basic skills<br>▪ Babies with low birth weight<br>▪ Disabled children and young people<br>▪ Children and young people who are caring for another family member<br>▪ Children and young people in public care<br>▪ Those with parents, carers or other family member misusing drugs or alcohol<br>▪ Asylum seeker children and young people<br>▪ Those with experience of acrimonious family breakdown, including contact disputes | | |

## Resilience

| **Factors promoting resilience in the early years** | | |
|---|---|---|
| In the ante-natal period: | During infancy: | During the pre-school period: |
| ▪ Adequate maternal nutrition throughout pregnancy<br>▪ Avoidance of maternal and passive smoking<br>▪ Moderate maternal alcohol consumption<br>▪ Maternal MMR vaccination<br>▪ Social support to mothers from partners, family and external networks<br>▪ Good access to ante-natal care<br>▪ Interventions to prevent domestic violence | ▪ Adequate parental income<br>▪ Social support to moderate peri-natal stress<br>▪ Good quality housing<br>▪ Parent education<br>▪ Safe play area and provision of learning materials<br>▪ Breast feeding to three months<br>▪ Support from male partners<br>▪ Continuous home based input from health and social care services, lay or professional | ▪ High quality pre-school day care<br>▪ Preparatory work with parents on home-school links<br>▪ Pairing with resilient peers<br>▪ Availability of alternative caregivers<br>▪ Food supplements<br>▪ Links with other parents, local community networks and faith groups<br>▪ Community regeneration initiatives |

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## Factors promoting resilience in the middle years

- Reception classes that are sufficiently flexible to accommodate a range of cultural and community specific behaviours
- Creation and maintenance of home-school links for at-risk children and their families which can promote parental confidence and engagement
- Positive school experiences; academic, sports or friendship related
- Good and mutually trusting relationships with teachers
- The development of skills, opportunities for independence and mastery of tasks
- Structured routines, and a perception by the child that praise and sanctions are being administered fairly
- In abusive settings, the opportunity to maintain or develop attachments to the non-abusive parent, other family member or failing these, a reliable unrelated adult; maintenance of family routines and rituals
- Manageable contributions to the household which promote competencies, self-esteem and problem-solving coping
- In situations of marital discord, attachment to one parent, moderation of parental disharmony and opportunities to play a positive role in the family
- Help to resolve minor but chronic stressors as well as acute adversities
- Provision of breakfast and after-school clubs
- Stable accommodation

## Factors promoting resilience in adolescence and early adulthood

- Continuity of teacher-child and peer relationships
- Programmes that encourage emotional literacy
- Inclusive philosophies that promote positive motivational styles, problem solving coping and discourage 'learned hopelessness'
- Opportunities to develop valued skills through broad based curricula
- Programmes which encourage peer cooperation and collaboration
- Avoidance of unnecessary labelling, a role for young people in negotiating family rules, and support of external role models or mentors
- Social support for parents and enhancement of children's problem solving capacity
- Connections with cultural or faith communities
- Where parental separation occurs, opportunity to maintain familiar social rituals
- Reduction of moves in care
- Emphasis in schools on educational achievement for vulnerable children
- Positive peer relationships
- Opportunities for young people to influence their environments
- Improve locus of control through valued household tasks or roles, part-time work outside the home, or volunteering
- Where low levels of social capital are present, early engagement with post-school options and active exposure to the full range of post-school opportunities
- Supportive social networks, prevention of social isolation, and registration with GP and dentist when living away from home for first time

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- Opportunities to enter and be supported in the job market, and help to consider alternative options
- Where family support is weak, the involvement of supportive adults or mentors throughout and beyond the transitional period

### Factors promoting resilience in all phases of the lifecycle

- Strong social support networks
- The presence of at least one unconditionally supportive parent or parent substitute
- A committed mentor or other person from outside the family
- Positive school experiences
- A sense of mastery and a belief that one's own efforts can make a difference
- Participation in a range of extra-curricular activities
- The capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised
- The ability – or opportunity – to "make a difference" by helping others through part time work

Not to be excessively sheltered from challenging situations which provide opportunities to develop coping skills

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